

Mail to: Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601	Commonwealth of Kentucky Department for Environmental Protection Registration Form For Exams and Training <i>Drinking Water Treatment, Drinking Water Distribution, Wastewater Treatment and Collection System</i> Telephone: 1-800-926-8111 www.dca.ky.gov/certification	<i>For Official Use Only Do not write in this space</i>
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If this is your first time testing at a specific level, you must complete this form as well as the Education and Experience Documentation Form.

APPLICANT INFORMATION					
Agency Interest Number (As shown on wallet card)			Certification Level and License Number		
Name (First)		(Middle Initial)		(Last)	
Address (Number and Street)		City	State	Zip Code	
E-Mail address		Business Phone Number ()		Fax Number ()	
FACILITY INFORMATION					
List all facilities where you currently work as an operator. (Only list those you have added since your last update).					
Facility Name	County	KPDES, PWSID or Agency Interest Number	Start Date	Design Capacity, Daily Flow of Facility or Population Served	Phone Number
CERTIFICATION REQUESTED					
Surface Water Treatment	Ground Water Treatment	Water Distribution	Wastewater Treatment	Collection System	
<input type="checkbox"/> I-AD <input type="checkbox"/> II-A <input type="checkbox"/> III-A <input type="checkbox"/> IV-A <input type="checkbox"/> Limited	<input type="checkbox"/> I-BD <input type="checkbox"/> II-BD <input type="checkbox"/> III-B <input type="checkbox"/> IV-B	<input type="checkbox"/> I-D <input type="checkbox"/> II-D <input type="checkbox"/> III-D <input type="checkbox"/> IV-D	<input type="checkbox"/> I-OIT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Limited	<input type="checkbox"/> I-OIT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
<input type="checkbox"/> First test at this level <input type="checkbox"/> Retest: Date of last test _____			Do you need study material? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CLASS AND/OR EXAM REQUEST					
Provide event information from the current schedule. (First and alternative choices should be listed).					
Event Code	Date	Event Title (Exam and/or Training Course)	Location	Fee	
1 st					
2nd					

If with a small drinking water system, are you eligible for the Expense Reimbursement Grant (ERG)? ☐ Yes ☐ No
 If yes, do not submit exam or training fees, they will be paid through the grant.

Registration applications must be submitted with a check or money order made payable to the Kentucky State Treasurer. Applications submitted without payment will not be processed. Registration for training and testing events must be received at least 30 days in advance. Registration fees are as follows:

Two-day continuing education or certification preparatory training without exam - \$60.00	Two-day certification preparatory training with exam (wastewater I only) - \$160.00
Three-day continuing education or certification preparatory training without exam - \$90.00	Three-day certification preparatory training with exam - \$190.00
Exam Only - \$100.00	

The Kentucky Energy and Environment Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, on request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternative format, contact the Division of Compliance Assistance at the address listed above or by calling 1-502-564-0323 or 1-800-926-8111.



Amount Paid: _____
 Check Number: _____
Do not write in this space